



City of Coral Gables  
Request to Address City Commission

Order of receipt: \_\_\_\_\_

Date: 9/10/11 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: I-5

Issue: Boat's property

Name: Michael A. Gable

Mailing address: 447 N. W. 10th St

City: Coral Gables State/Zip: FL 33146

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature: [Handwritten Signature]

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.



City of Coral Gables  
Request to Address City Commission

Order of receipt: \_\_\_\_\_

Date: 9-9 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: 1.9135

Issue: DOCTORS

Name: JR HOWARD

Mailing address: 355 S. 1st St

City: LA State/Zip: 33124

Phone: 338 5008 E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: SELF

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature: [Handwritten Signature]

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